



# Registration Form

In-House    Outreach

Please complete form and retain a copy for your records.  
Form copy must be presented to instructor on program date.

Varley Education Programme Team  
Tel: 905.477.9511 ext. 228  
Fax: 905.477.6629  
Email: varleyeducation@markham.ca  
Web: www.varlevgallery.ca

## Client Information

School/Organisation: \_\_\_\_\_

School Phone \_\_\_\_\_

Contact name: \_\_\_\_\_

School Fax \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_  
\_\_\_\_\_

## Program Information

Date	Time	Name	Age/ Grade	No. of Students	Cost per Session/ Student	Extended
					Total	_____
					Deposit (20%)	<u>n/a</u>

Further Details (e.g. special needs, etc.)  
To pay full amount on arrival

## Payment Information

### Method of Payment

- Cash
- Cheque\*
- Visa
- MasterCard

### Credit Card Information

Card Number \_\_\_\_\_  
Expiry Date \_\_\_\_\_  
Cardholder Name (please print) \_\_\_\_\_  
\_\_\_\_\_

\* Cheques must be made payable to "The Town Of Markham".

Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_

## For Office Use Only

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_ Registration Number \_\_\_\_\_

Instructor :

Docent:

Instructor

Confirm here: